

**INSTRUCTIONS**

PRINT IN INK OR TYPE. Answer each item completely and accurately. Incomplete answers may disqualify you or cause delays. False answers will lead to dismissal.

**Application for Employment****FRANKLIN COUNTY****315 West Main Street****Frankfort, KY 40601****502/875-8751****502/875-8755 (fax)**

POSITION FOR WHICH  
YOU ARE APPLYING:

Today's Date \_\_\_\_\_

Work Phone No. (\_\_\_\_) \_\_\_\_\_ Salary Required \_\_\_\_\_

1. Social Security No. \_\_\_\_\_ Home Phone No. (\_\_\_\_) \_\_\_\_\_

2. Mr./Mrs./Ms. \_\_\_\_\_  
Last Name First Name Middle Name Maiden Name (If any)3. Address \_\_\_\_\_  
Street, R.F.D. or Box No. City State Zip Code4. Date of Birth: \_\_\_\_\_  
Month Day Year

5. Are you a U.S. citizen? Yes \_\_\_ No \_\_\_ 6. Are you a Kentucky Resident? Yes \_\_\_ No \_\_\_ 7. What Kentucky County? \_\_\_\_\_

8. Can you Type? Yes \_\_\_ No \_\_\_ WPM \_\_\_\_\_ 9. Can you take dictation? Yes \_\_\_ No \_\_\_

10. Office equipment you have used (include computer software) \_\_\_\_\_

11. Do you have a valid driver's license? Yes \_\_\_ No \_\_\_ 12. What State? \_\_\_\_\_

13. Have you ever been fined or convicted for violation of any law or are you now under charges for any violation of law?  
Yes \_\_\_ No \_\_\_ If yes, please list charge(s), conviction(s), date(s), and place(s) \_\_\_\_\_

14. AVAILABILITY Date available for work \_\_\_\_\_ Check shifts you will work: Day \_\_\_ Evening \_\_\_ Night \_\_\_

15. If you are a male between the ages of 18 and 26, have you registered under the Section 3(a) Military Selective  
Service Act of 1948? Yes \_\_\_ No \_\_\_

EDUCATION AND TRAINING: Please circle highest grade completed. College transcripts are required.

Grade School

High School

College

Graduate School

16. Have you passed a G.E.D. Test? Yes \_\_\_ No \_\_\_ If  
yes, attach a copy of the scores or the G.E.D. certificate

1 2 3 4 5 6 7 8 9 10 11 12

1 2 3 4

1 2 3 4

School	Name and Address of School	Dates Attended		Date of Graduation	Number of Hours		Fields of Study		Degree, Diploma, or Certificate Earned
		From	To				Major	Minor	
High School									Diploma: Yes _____ No _____
Under Graduate College or University		dates Attended	mo/yr	mo/yr					Degree:
Graduate College or University		mo/yr	mo/yr	mo/yr					Degree:
Vocational, Business, Technical		mo/yr	mo/yr	Clock hours weekly:	Clock hours Completed:			Must provide copy of certificate	Certificate Earned
Apprenticeship	Type:	mo/yr	mo/yr	Length:		Journeyman: yes _____ no _____		Must provide copy of certificate	

AN EQUAL OPPORTUNITY EMPLOYER

If you moved to a different position within the same organization so that your duties changed, then describe that as a separate job. Include volunteer work. must provide this information on the application as resumes are not considered as official information. PLEASE NOTE IF YOU WORKED UNDER A DIFFERENT NAME.

<div>A.</div> <div>Employed: From _____ To _____ (mo) (day) (yr) (mo) (day) (yr)</div> <div>Title of Position _____</div> <div>Average hours worked per week _____</div> <div>*Starting salary _____ Last salary _____</div> <div>Reason for leaving _____</div> <div>Name of Employer _____</div> <div>Address _____ _____ City State Zip</div> <div>Kind of Business _____ # Supervised</div> <div>I served as Supervisor from _____ To _____ (mo) (yr) (mo) (yr)</div> <div>Name and title of your immediate supervisor _____ _____</div>	
<div>B.</div> <div>Employed: From _____ To _____ (mo) (day) (yr) (mo) (day) (yr)</div> <div>Title of Position _____</div> <div>Average hours worked per week _____</div> <div>*Starting salary _____ Last salary _____</div> <div>Reason for leaving _____</div> <div>Name of Employer _____</div> <div>Address _____ _____ City State Zip</div> <div>Kind of Business _____ # Supervised</div> <div>I served as Supervisor from _____ To _____ (mo) (yr) (mo) (yr)</div> <div>Name and title of your immediate supervisor _____ _____</div>	
<div>C.</div> <div>Employed: From _____ To _____ (mo) (day) (yr) (mo) (day) (yr)</div> <div>Title of Position _____</div> <div>Average hours worked per week _____</div> <div>*Starting salary _____ Last salary _____</div> <div>Reason for leaving _____</div> <div>Name of Employer _____</div> <div>Address _____ _____ City State Zip</div> <div>Kind of Business _____ # Supervised</div> <div>I served as Supervisor from _____ To _____ (mo) (yr) (mo) (yr)</div> <div>Name and title of your immediate supervisor _____ _____</div>	

\* (State monthly, annually, or hourly)

D.	
Employed: From _____ To _____ <div style="text-align: center;"><small>(mo)    (day)    (yr)</small></div>	
Title of Position _____	
Average hours worked per week _____	
*Starting salary _____ Last salary _____	
Reason for leaving _____	
Name of Employer _____	
Address _____	
_____	
<div style="text-align: center;"><small>City State Zip</small></div>	
Kind of Business _____	
<div style="text-align: right;"><small># Supervised    4</small></div>	
I served as Supervisor from _____ To _____ <div style="text-align: center;"><small>(mo)    (yr)</small></div>	
Name and title of your immediate supervisor _____	
_____	
E.	
Employed: From _____ To _____ <div style="text-align: center;"><small>(mo)    (day)    (yr)</small></div>	
Title of Position _____	
Average hours worked per week _____	
*Starting salary _____ Last salary _____)	
Reason for leaving _____	
Name of Employer _____	
Address _____	
_____	
<div style="text-align: center;"><small>City State Zip</small></div>	
Kind of Business _____	
<div style="text-align: right;"><small># Supervised</small></div>	
I served as Supervisor from _____ To _____ <div style="text-align: center;"><small>(mo)    (yr)</small></div>	
Name and title of your immediate supervisor _____	
_____	
This section is to be used for statistical purposes and to assure equal employment opportunity. COMPLETION OF THESE ITEMS IS VOLUNTARY.	
17. RACE White ____ Black ____ Other ____	18. SEX Male ____ Female ____
19. AGE ____	
20. Do you have any handicaps or disabilities? _____ If yes, please describe _____	
_____	
_____	

Franklin County Government provides an environment that does not discriminate or tolerate discrimination; free of harassment and intimidation on account of an individual's race, color, religion, sex, national origin, age, disabled or veteran status or any other status protected by law.

**- IMPORTANT - THIS SECTION MUST BE COMPLETED -**

SIGNATURE-All applicants please read and sign the statement below:

I certify, under penalty of law, that the information given in this application is correct and complete to the best of my knowledge. I am aware that, should investigation at any time show any falsification, I will not be considered for employment or, if employed, I will be dismissed and disqualified from future merit examinations. I hereby authorize all necessary investigations concerning me, my work habits, character, or my action in any transaction. I authorize the County to receive and make available to other state agencies my academic records or other material pertinent to my qualifications, and further authorize and request each former employed person given as a reference, educational institution, or organization (including law enforcement agencies) to provide all information that may be sought in connection with this application.

Date \_\_\_\_\_ Signature X \_\_\_\_\_

21. Have you answered all questions thoroughly?
22. Have you signed your name?
23. Have you completed your name and address information?
24. Have you printed in ink or typed your information?